

**Department of Personnel Administration  
Memorandum**

**TO: Personnel Management Liaisons (PML)**

<b>SUBJECT:</b> Rural Health Care Equity Program	<b>REFERENCE NUMBER:</b> 2007-030
<b>DATE ISSUED:</b> 10/09/07	<b>SUPERSEDES:</b>

This memorandum should be forwarded to:

**Accounting Officers  
Budget Officers  
Personnel Officers  
Personnel Transactions Supervisors**

**FROM:** Department of Personnel Administration  
Benefits Division

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Effective January 1, 2008, the amount of employee health premiums that is reimbursable under the Rural Health Care Equity Program (RHCEP) will be lower, as shown in the following chart:

<b>RHCEP Premium Reimbursements</b>		
<b>Enrollment</b>	<b>2007</b>	<b>2008</b>
1-Party	\$33.15	\$29.46
2-Party	\$66.97	\$57.02
3-Party	\$83.40	\$69.87

Claim forms are ***not*** required for premium reimbursements, which are automatically issued to eligible employees. Reimbursements for co-insurance and deductible expenses still require claim forms.

These payments are made in accordance with Government Code section 22877(f), which states that the RHCEP must "... *subsidize the preferred provider plan premiums for the employee by an amount equal to the difference between the weighted average of board-approved health maintenance organization premiums and the lowest board-approved preferred provider plan premium.*" The RHCEP monthly premium reimbursements are changing due to changes in HMO and PPO premium rates that take effect in January 2008.

The RHCEP premium reimbursements are issued monthly using a two-month lag. The new premium reimbursement calculation for the December 2007 pay period health deduction (issued January 1, 2008, for January 2008 coverage) will be included in the February 2008 pay period paycheck (issued March 1, 2008). These rates will be in effect through the November 2008 pay period.

In order to effectively administer the premium reimbursements, it is critical that eligible employees have accurate, up-to-date address information on file, and that they report all health plan enrollment changes promptly to their personnel offices. It is also important that the Employee Action Request (EAR) and the Health Benefit Plan Enrollment Form (HBD 12) are current.

The maximum amount of reimbursable expenses for active employees participating in the RHCEP is determined through their collective bargaining agreement. All contracts (excluding Units 5, 6, and 18) currently provide up to \$1,500 per employee, per fiscal year. Premium reimbursements **and** claim reimbursements (consisting of co-insurance and deductible expenses) are included in the \$1,500 annual allotment.

Questions regarding the RHCEP premium reimbursements should be directed to Larry Sanchez with the Department of Personnel Administration at (916) 327-1439.

/s/Greg Beatty

Greg Beatty  
Chief, Benefits Division